

Candidate
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

RECEIVED
JAN 31 2011

Secretary of State
Capitol Office

DATE STAMP

Name of Candidate

Terry C Burton

Address

101 Rev St

Telephone

601 683 7050

Fax

601 683 6695

Contact Name

Terry C Burton

Email

terrycburton@live.com

Office Sought

SENATE DIST 31

Political Party

Republican



Check here if above is different from previous report

TYPE OF REPORT

- May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
- June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
- October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
- November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- X January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees

 Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$16,300.00 + \$200.00	\$16,500.00	\$16,500.00
Total amount of disbursements	\$3,640.75 + \$7,575.00	\$11,216.35	\$11,216.35
Total amount of cash on hand		\$7,523.43	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Terry C Burton
Signature of Candidate

Date

01-28-11

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Terry C Burton
 Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Centex Corp</u>		<u>04/03/10</u>	\$ <u>500.00</u>
Mailing Address <u>St Louis Mo 63005</u>		<u>__/__/__</u>	\$
City, State, Zip Code		<u>__/__/__</u>	\$
Name of Employer (Required)		<u>__/__/__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rob Wells</u>		<u>04/03/10</u>	\$ <u>91,000.00</u>
Mailing Address <u>226 Woodfield DR Ridgeport, MS</u>		<u>__/__/__</u>	\$
City, State, Zip Code		<u>__/__/__</u>	\$
Name of Employer (Required)		<u>__/__/__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ALLERCAN</u>		<u>04/05/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>2525 Dupont DR</u>		<u>__/__/__</u>	\$
City, State, Zip Code <u>IRVING, CA 92623</u>		<u>__/__/__</u>	\$
Name of Employer (Required)		<u>__/__/__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Merck</u>		<u>02/26/10</u>	\$ <u>9500.00</u>
Mailing Address <u>P.O. Box 4</u>		<u>__/__/__</u>	\$
City, State, Zip Code <u>West Point PA 19486</u>		<u>__/__/__</u>	\$
Name of Employer (Required)		<u>__/__/__</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1500.00</u>

Name of Candidate or Committee Terry C Burton
Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/03/10	\$ 500.00
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		07/30/10	\$ 1,000.00
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/12/10	\$ 500.00
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 500.00
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		08/20/10	\$ 1,000.00
Mailing Address		1 1	\$
City, State, Zip Code		1 1	\$
Name of Employer (Required)		1 1	\$
Occupation (Required)		Aggregate year-to-date	\$ 1,000.00

Name of Candidate or Committee

Terry C BurtonReporting period 01-01-10through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ms Dental PAC</u>		<u>08/23/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>2630 Ridgewood Road Ste C</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>JACKSON MS 39216</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ASTR Zeneca</u>		<u>08/23/10</u>	\$ <u>500.00</u>
Mailing Address <u>7516 Jeanette St</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>New Orleans LA 70118</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Eli Lilly Co</u>		<u>08/29/10</u>	\$ <u>500.00</u>
Mailing Address		<u>—/—/—</u>	\$
City, State, Zip Code <u>Indianapolis Indiana 46285</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Chercon Pascagoula</u>		<u>09/16/10</u>	\$ <u>500.00</u>
Mailing Address <u>PO Box 1300</u>		<u>—/—/—</u>	\$
City, State, Zip Code <u>Pascagoula, MS 39568</u>		<u>—/—/—</u>	\$
Name of Employer (Required)		<u>—/—/—</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Terry C. Burton
 Reporting period 01-01-10 through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>ALTIA Client Services</u>	<u>10/14/10</u>	\$ <u>500.00</u>
Mailing Address <u>6601 W. Brook St</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Alpharetta GA 30022</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Cheeks into Cash</u>	<u>10/16/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 550</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Cleveland TN 37364</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WAL PAC</u>	<u>10/28/10</u>	\$ <u>250.00</u>
Mailing Address <u>702 SW 8th St</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Benfordville AR 72716</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Entertainment Software Assn</u>	<u>11/05/10</u>	\$ <u>500.00</u>
Mailing Address <u>Co. 624 North State St.</u>	<u>—/—/—</u>	\$
City, State, Zip Code <u>Jackson MS 39205</u>	<u>—/—/—</u>	\$
Name of Employer (Required)	<u>—/—/—</u>	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee Terry C Burton
 Reporting period _____ through _____

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>DFIZER, INC</u>	<u>11/08/10</u>	\$ <u>500.00</u>
Mailing Address <u>C/O 625 N State St</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON MS 39205</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>GRAND TRUNK RAILROAD</u>	<u>11/11/10</u>	\$ <u>250.00</u>
Mailing Address <u>P.O. Box 5025</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Troy MI 48007</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS ASSN of Home Care</u>	<u>12/14/10</u>	\$ <u>300.00</u>
Mailing Address _____	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>JACKSON, MS</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>G-E</u>	<u>12/15/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 9544</u>	<u> </u> <u> </u> <u> </u>	\$
City, State, Zip Code <u>Fort Myers FL 33905</u>	<u> </u> <u> </u> <u> </u>	\$
Name of Employer (Required) _____	<u> </u> <u> </u> <u> </u>	\$
Occupation (Required) _____	Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Terry C Burton

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Reporting period

01-01-10

through

12-31-10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MediMarne</u>		<u>12/29/10</u>	\$ <u>500.00</u>
Mailing Address <u>One MediMarne Way</u>		<u>1/1/11</u>	\$
City, State, Zip Code <u>Catharsburg MD 20828</u>		<u>1/1/11</u>	\$
Name of Employer (Required)		<u>1/1/11</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Health Management Associates</u>		<u>12/21/10</u>	\$ <u>1,000.00</u>
Mailing Address <u>P.O. Box 321420</u>		<u>1/1/11</u>	\$
City, State, Zip Code <u>Flowood, MS 39272</u>		<u>1/1/11</u>	\$
Name of Employer (Required)		<u>1/1/11</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Valley Foods</u>		<u>12/21/10</u>	\$ <u>4,000.00</u>
Mailing Address <u>P.O. Box 5454</u>		<u>1/1/11</u>	\$
City, State, Zip Code <u>JACKSON, MS 39288</u>		<u>1/1/11</u>	\$
Name of Employer (Required)		<u>1/1/11</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>4,000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital Advocacy Group</u>		<u>12/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>625 N. STATE ST</u>		<u>1/1/11</u>	\$
City, State, Zip Code <u>JACKSON, MS 39205</u>		<u>1/1/11</u>	\$
Name of Employer (Required)		<u>1/1/11</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>

Name of Candidate or Committee

Terry C BurtonReporting period 01-01-10through 12-31-10

ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>United Healthcare</u>		<u>12/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>P.O. Box 1459</u>		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Minneapolis MN 55440</u>		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Georgia Pacific</u>		<u>12/21/10</u>	\$ <u>500.00</u>
Mailing Address <u>600 14th St NW Suite 800</u>		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code <u>Washington, DC 20005</u>		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>WALgreens</u>		<u>12/31/10</u>	\$ <u>500.00</u>
Mailing Address <u>Deerfield IL 60015</u>		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1</u> <u>1</u> <u>1</u>	\$
Mailing Address		<u>1</u> <u>1</u> <u>1</u>	\$
City, State, Zip Code		<u>1</u> <u>1</u> <u>1</u>	\$
Name of Employer (Required)		<u>1</u> <u>1</u> <u>1</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

Name of Candidate or Committee

Terry C Burton

Reporting period

01-01-10

through

12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	<u>Victory Foundation</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>02/10/10</u>	\$ <u>9500.00</u>
City, State, Zip Code		<u>1 1</u>	\$
Purpose of Disbursement (Optional)	<u>JACKSON, MS</u>	Aggregate Year-to-date	\$ <u>9500.00</u>
B. Full name	<u>SonyA CARSON</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>02/16/10</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>Newton MS</u>	<u>1 1</u>	\$
Purpose of Disbursement (Optional)	<u>T-shirts For School Donation</u>	Aggregate Year-to-date	\$ <u>250.00</u>
C. Full name	<u>Kelly Langford</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>03/05/10</u>	\$ <u>1500.00</u>
City, State, Zip Code	<u>MADISON, MS</u>	<u>1 1</u>	\$
Purpose of Disbursement (Optional)	<u>Donation For Adv. in Program</u>	Aggregate Year-to-date	\$ <u>1500.00</u>
D. Full name	<u>Newsp. Co. Adver.</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>02/10/10</u>	\$ <u>213.00</u>
City, State, Zip Code	<u>Newton MS</u>	<u>02/10/10</u>	\$ <u>300.00</u>
Purpose of Disbursement (Optional)	<u>Advertising</u>	Aggregate Year-to-date	\$ <u>513.00</u>
E. Full name	<u>WCR 5+ - AM</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>02/10/10</u>	\$ <u>250.00</u>
City, State, Zip Code	<u>Forest, MS 39074</u>	<u>05/10/10</u>	\$ <u>300.00</u>
Purpose of Disbursement (Optional)	<u>Advertising</u>	Aggregate Year-to-date	\$ <u>550.00</u>
F. Full name	<u>Atmos Energy</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>02/29/10</u>	\$ <u>87.82</u>
City, State, Zip Code	<u>JACKSON, MS</u>	<u>1 1</u>	\$
Purpose of Disbursement (Optional)	<u>Utilities</u>	Aggregate Year-to-date	\$ <u>87.82</u>

Name of Candidate or Committee Terry C Burton
Reporting period 01-01-10 through 12-31-10

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Fantasy</u>	<u>02/09/10</u>	\$ <u>254.85</u>
Mailing Address		
City, State, Zip Code	<u>03/28/10</u>	\$ <u>142.83</u>
Purpose of Disbursement (Optional) <u>Utilities</u>	Aggregate Year-to-date	\$ <u>397.68</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Norton Co Appeal</u>	<u>04/09/10</u>	\$ <u>48.00</u>
Mailing Address		
City, State, Zip Code <u>Wmbr ms 39345</u>	<u>12/16/10</u>	\$ <u>125.00</u>
Purpose of Disbursement (Optional) <u>Adv</u>	Aggregate Year-to-date	\$ <u>173.00</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>WQST</u>	<u>06/09/10</u>	\$ <u>425.00</u>
Mailing Address		
City, State, Zip Code <u>Forest, ms</u>	<u>12/14/10</u>	\$ <u>300.00</u>
Purpose of Disbursement (Optional) <u>Adv</u>	Aggregate Year-to-date	\$ <u>550.00</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Southern Chunties</u>	<u>08/21/10</u>	\$ <u>200.00</u>
Mailing Address		
City, State, Zip Code <u>Jackson, ms</u>	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>Donation</u>	Aggregate Year-to-date	\$ <u>200.00</u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Pearl River Glass Studio</u>	<u>10/25/10</u>	\$ <u>219.35</u>
Mailing Address		
City, State, Zip Code <u>JACKSON, MS 39215</u>	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional) <u>Gifts for Campaign Friends</u>	Aggregate Year-to-date	\$ <u>219.35</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
	<u>1/1/11</u>	\$
Mailing Address		
City, State, Zip Code	<u>1/1/11</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$